


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-65305 United States Bankruptcy Court Southern District of Texas FILED JUL 03 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Wvnn 770 Am	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 350 Wvnn 770 Am PO Box 389 Athens AL 35612-0389 	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 965.81 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):		

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

News/Talk all the time

WVNN
770AMP.O. BOX 389
ATHENS, AL 35611

(205) 830-8300 / 830-8277 / 830-1414

BEALE'S STORE
REYNOLDS MEDIA SERVICES, INC.
2425 FOUNTAINVIEW #355
HOUSTON, TX 77057**STATEMENT**

DATE

6/26/00

REMINDER: YOUR ACCOUNT IS NOW
PAST DUE.WE ARE LOOKING FORWARD TO
HELPING YOUR BUSINESS GROW IN
2000!ACCOUNT NUMBER 21266
Salesman: Bill Dunnavant
CYNTHIA GLOVER
Spec. Billing: Notarize

AMOUNT DUE \$965.81

AMOUNT PAID

PLEASE DETACH TOP PORTION AND RETURN WITH REMITTANCE.

TERMS: NET

A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE) WILL BE CHARGED ON THE UNPAID BALANCE OF PAST
DUE ACCOUNTS. ALL PAYMENTS ARE DUE BY THE 10TH OF THE MONTH FOLLOWING SERVICE RENDERED.

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	AMOUNT	BALANCE
22369	4/30/00	Contract #1877002 4/5/00 to 4/6/00 ONE DAY SALE Beginning Balance BALANCE OF INVOICE #22369	\$318.75	\$318.75
22486	5/28/00	Contract #1877002 5/17/00 to 5/18/00 ONE DAY SALE Beginning Balance BALANCE OF INVOICE #22486	\$318.75	\$318.75
22598	6/26/00	Contract #1877002 6/7/00 to 6/8/00 ONE DAY SALE 6/7 5 60's @ \$25.00 6/8 10 60's @ \$25.00 6/8 Agency Commission Credit BALANCE OF INVOICE #22598	\$125.00 \$250.00 -\$56.25	\$318.75
SrvChg		Previous service charge balance 6/26 New Service Charges TOTAL UNPAID SERVICE CHARGES	\$4.78 \$4.78	\$9.56
YTD Srv Chg				
DATE	PREVIOUS BALANCE	WVNN VALLEY'S NEWS NETWORK		
6/26/00	\$642.28			
CURRENT	30 DAYS	60 DAYS	90+ DAYS	PAY THIS AMOUNT
\$647.06	\$318.75	\$0.00	\$0.00	\$965.81